

LCMHA PROVIDER MEETING

November 19, 2015

MINUTES

Present:

Renee Shaw	Harbor Light	Liz Logan	Christ Centered Homes
Sue Lewis	Catholic Charities	Elisa Grant	Christ Centered Homes
Laura Schultz Pipis	Family Counseling	Tammy Ratz	New Beginnings
Mark Roman	Inter-Connections	Jen Durell	Inter-Connections
Beth McCary	Goodwill	Christine Gjestland	Highfields
Carolyn Halliwill	Goodwill	Jill Clark	Highfields
Kristy Gottschalk	Renaissance	Jessica Tripp	Renaissance
Amanda Iffland	Renaissance	Scott Brown	Renaissance
Therese Langan	Parkside	Tiffany Collins	Renaissance
Amber Goodman	Parkside	Charlie Anderson	Home of New Vision
Heather Grigonis	Home of New Vision	Sarah Davis	Home of New Vision
Zach Donish	Centria Healthcare	Carly Link	Centria Healthcare
Bob Dishroon	Havenwyck Hospital	Patty Trausch	McCullough Vargas & Assoc
Bernadine Pickett	Havenwyck Hospital	Theresa Way	UM Michigan Visiting Nurses
Sandy Keener	LCMHA	Shar Dunbar	LCMHA
Kathryn Szewczuk	LCMHA	Kay Ross	LCMHA
Karen Rawlings	LCMHA	Rose Savage	LCMHA
Wendy Cadieux	LCMHA		

1. Executive Director, Sandy Keener
 - a. Welcome, and introductions.
 - b. Update on HCBW Transition Plan. This affects mostly adult DD consumers. The effort is to achieve full community integration for people with disabilities. The 5 year transition plan is on the www.michigan.gov website and is very detailed. MDHHS visited our sites recently and we are on target with the work we are doing with community integration. The auditors were very impressed following their visit to Goodwill.
 - c. Integration with Health Plans. There are 8 health plans in our region who will be working with our PIHP. They will be working on a set of outcome measures together, and in turn each CMH will be meeting to discuss serving people in the community who have severe behavioral health issues/substance abuse disorders as well as complex medical needs. LCMHA has been identifying its consumers with complex care needs and high utilizers of service and reviewing how best to improve their overall health. We expect some requirements to be added to regional contracts with the state in January.
 - d. Budget. Healthy Michigan has helped us immensely in Lenawee. Many previously uninsured are now eligible for service. Currently there are approximately 5,000 people

with Healthy Michigan coverage. Those with a spend-down or Medicare only are still not eligible. We continue to try to find funds to serve those with complex care needs. Our staff work tirelessly to ensure people get insurance coverage when they come in. 50% of the state budget will be going towards the roads, but will be spread out over a few years, so we don't expect an impact this fiscal year, but maybe road funding will cut into our budget the following year. We have also seen a cut in reimbursement for Healthy Michigan.

- e. Partnership. Our affiliation with Monroe, Livingston and Washtenaw has seen some changes recently. The Washtenaw Community Health Organization was fully disbanded. At the end of September they were reorganized as Washtenaw Community Mental Health (county agency). There has also been a transfer of leadership at our PIHP – Mary O'Hare is retiring at the end of December. Jane Terwilliger (current Monroe CMH Executive Director) will become the new Regional Director on December 7th. The new interim Director for WCMH is Trish Cortez.
2. Data Services Manager, Wendy Cadieux
 - a. On October 1st substance abuse disorder providers saw deployment of BHTEDs in the EMR. A reminder that we have two links, one for SUD admissions prior to 10/1 and one for current discharge after 10/1 (has to be attached to the admission). We run reports to monitor compliance, and inform providers to amend if necessary.
 - b. When providers have access to the IPOS, there is also an option to fax – providers should **never** fax our information to anyone. There is also a print function – which can be used for internal use. CMH consumer information should never be released to anyone outside of the agency.
 - c. Staff should not use another staff's user name to log onto E-II, as the system stamps the user name on all entries. If staff needs their own password/user name they should contact Wendy Cadieux, wcadieux@lcmha.org There is an "E-II User Log In" form to be completed. If Wendy is unavailable, and a password re-set is required, there is several other staff that can do that: Shar Dunbar; Billie Brocht; Tammy Stetten; Stephanie Albright and Sally Dickson.
 - d. Provider staff has access to a lot of information; however, they are only allowed to view cases on a "need to know" basis. There is a monitoring system in place that records where users go in the system.
 3. Recipient Rights Officer, Rose Savage
 - a. Incident Reporting – timeliness. It is critical that incident reports are entered into E-II/reported and/or faxed within 24 hours. We have seen several lately coming in very late. It is difficult to respond to an incident that is not current, and this does not help the consumer.
 - b. Reporting after hours/voicemail. Rose reported that she is frequently out of the office, but she encourages staff/consumers to leave messages on her voicemail. Messages should include as much detail as possible (the phone line is secure; it's OK to leave consumer names). Rose will return calls as soon as possible. Feel free to contact the Rights Officer if you have any questions, or email rsavage@lcmha.org

4. Customer Service Specialist, Kay Ross
 - a. What is a grievance? Any kind of dissatisfaction with something – could be regarding services/staff/conditions etc. Call Kay Ross if you have any questions.
 - b. E-Race Stigma 5K Race. Event fliers were distributed. Providers are encouraged to get a team together to compete on May 22nd downtown Adrian.
 - c. Regional Customer Services group. Kay attends regional meetings where they discuss trends in the region and across the state.
 - d. Plans are underway for an Addiction Summit in 2016. More news will be coming out soon.
 - e. Consumer Christmas party will be held on December 4th at CMH.
 - f. Victims Service Unit, CMH is involved with this group. There is a “thank the best of the best” for police and first responders on December 10th. Everyone is welcome.
 - g. Reducing stigma. CMH is currently running several ads on WLEN and Q95. If provider staff has any ideas or suggestions for upcoming ads, call Kay Ross, or email kross@lcmha.org
 - h. Consumer Action Committee is appointed by CMH Board; they monitor legislative happenings and discuss consumer issues, events and policies.
5. Executive Administrative Assistant, Karen Rawlings
 - a. CMH Facebook page – providers should be aware that CMH has a page; we encourage everyone to “like” it, and post if they wish.
 - b. Grapevine – newsletter is published quarterly. We are always looking for consumer interest articles, or upcoming events. Contact Karen Rawlings – krawlings@lcmha.org if you wish to be added to the mailing list, or if you have any interesting articles to be included.
6. Contracts Coordinator, Shar Dunbar
 - a. Contracts. Outpatient providers are on a two-year cycle. Contractors should be aware that there are some outdated links in the current contract. There is a new CMHPSM website – please advise your staff: www.cmhpsm.org
 - b. Exclusion/Debarment Update. More detailed information will be coming out soon with a new list for exclusions (not hospitals). If matches are found, social security numbers will need to be collected to verify that there is no match in the system. New software has been purchased to streamline this process.
 - c. Audit trends. Documentation of trainings needs to contain evidence (certificates, sign in sheets, copy of quizzes etc). Signatures should always be legible, so that the auditors can verify. If training is completed on the website – name and date completed should be included. There should be continuity in trainings, with no gaps (ex. First Aid trainings).
 - d. Claims should be submitted within timeframes specified in the contract. We do not like to have to deny claims submitted over the time limit, however, we need to remain consistent in our practices. We also recommend adjudicating batches prior to sending to CMH, so that errors can be corrected. Be sure to use the “comments” section on the claim for additional information/explanation, as this will help us when processing the

claim. We have been seeing an increasing number of duplication errors, when two providers submit claims with overlapping time frames. This is a compliance issue and can be Medicaid fraud.

- e. Regional Network Committee meets monthly to discuss contracts, language, policies and procedures, and they always value input from providers. sdunbar@lcmha.org
7. Compliance Director, Kathryn Szewczuk
- a. Audit findings. Kathryn outlined some issues that have arisen. Auditors are looking for individual outcomes and progress; evidence that service is medically necessary, and that the consumer is making progress towards meeting their goals. If outcomes are not being met contractors can take money back. It is important that providers understand and comply with all requirements in their contract.
 - b. Compliance training – this is required, and can be found on the CMHPSM website: www.cmhpsm.org. Kathryn gave an overview of what constitutes Medicaid fraud, and the role of the provider in preventing fraud; consumer complaints/appeals; fraudulent claims and repercussions; the importance of reporting etc.
 - c. Provider Monitoring. CMH monitors its providers annually, those found to have a breach, are monitored more closely with Corrective Action Plans, monthly or quarterly as necessary. Providers should be sure to use correct billing codes; all licenses and certifications should be up to date as well as staff trainings. Kathryn provided a handout with names of Compliance contacts in the affiliation. Contact kszewczuk@lcmha.org if you have any questions.
8. Provider Questions and Comments
- None recorded.
- Sandy Keener thanked everyone for all of the hard work that they do for our consumers.
- Meeting adjourned at 11:05am.